



ARIZONA DEPARTMENT OF WATER RESOURCES
Records Management Section
P.O. Box 36020, Phoenix, Arizona 85067-3589
(602) 771-8527 * (800) 352-8488
www.water.az.gov

Well Abandonment Completion Report

Review instructions prior to completing form

The drilling firm or single well licensee must file this report within 30 days of completion of abandonment (A.R.S. § 45-594, A.A.C. R12-15-816)

FILE NUMBER

C(2-2) 26 BBB

WELL REGISTRATION NUMBER

55-211693

** PLEASE PRINT CLEARLY **

JUN 14 2012

SECTION 1. ABANDONMENT AUTHORIZATION	
Mail To:	Drilling Firm
	NAME GEOMECHANICS SOUTHWEST, INC.
	DWR LICENSE NUMBER 498
	ADDRESS 5839 S. BELVEDERE AVE
	TELEPHONE NUMBER 520-889-7787
	CITY / STATE / ZIP TUCSON, AZ 85706
	FAX

SECTION 2. REGISTRY INFORMATION	
Well Owner Information	
FULL NAME OF COMPANY, ORGANIZATION OR INDIVIDUAL ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY	CONTACT PERSON NAME AND TITLE SOUTHERN UNIT
MAILING ADDRESS 1110 W WASHINGTON STREET ATTN: SAMAR BHUYAN, 5047 E 14TH AVE	TELEPHONE NUMBER
CITY / STATE / ZIP PHOENIX, AZ 85007	FAX
Location of Well	
WELL LOCATION ADDRESS (IF ANY) 20712 S Rainbow Valley Rd, Goodyear	LATITUDE Degrees Minutes Seconds "N"
TOWNSHIP (N/S) 2S	LONGITUDE Degrees Minutes Seconds "W"
RANGE (E/W) 2W	LAND SURFACE ELEVATION AT WELL Feet Above Sea Level
SECTION 26	METHOD OF LATITUDE / LONGITUDE (CHECK ONE) <input type="checkbox"/> *GPS: Hand-Held <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Conventional Survey <input type="checkbox"/> *GPS: Survey-Grade
160 ACRE 1/4	*IF GPS WAS USED: GEOGRAPHIC COORDINATE DATUM (CHECK ONE) <input type="checkbox"/> NAD-83 <input type="checkbox"/> Other (please specify):
40 ACRE 1/4	
10 ACRE 1/4	
COUNTY ASSESSOR'S PARCEL ID NUMBER BOOK MAP PARCEL 400 64 015A	

SECTION 3			
Questions	Yes	No	Explanation :
1. To your knowledge, is there any information that exists which indicates that the water in this well has been, may be or is contaminated ?	X		IF YES, EXPLAIN (ATTACH ADDITIONAL PAGE IF NECESSARY) WQARF area
2. Is there another well name or identification number associated with this well? (e.g., MW-1, PZ-4, Lot 29 Well, Smith Well, etc.)	X		IF YES, PLEASE STATE TWO-2
3. Prior to abandonment, did the well have 20' of surface casing AND 20' of grout in the annular space surrounding the casing ?		X	If No, was the top 20' of casing removed prior to setting the cement plug ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Was the well backfilled above the cement plug ?		X	
5. Was the well casing video logged ?		X	
6. Why was the well abandoned ?	Well no longer needed		

GSI Job # 1851DP

55-211693

SECTION 4. ORIGINAL WELL CONSTRUCTION DESIGN (attach additional page if needed)

Existing Borehole			Existing Casing (to the best of your knowledge)														
DEPTH FROM SURFACE		BOREHOLE DIAMETER (inches)	DEPTH FROM SURFACE		OUTER DIAMETER (inches)	MATERIAL TYPE (X)				PERFORATION TYPE (X)					SLOT SIZE IF ANY (inches)		
FROM (feet)	TO (feet)		FROM (feet)	TO (feet)		STEEL	PVC	ABS	IF OTHER TYPE, DESCRIBE	BLANK OR NONE	WIRE WRAP	SHUTTER SCREEN	MILLS KNIFE	SLOTTED		IF OTHER TYPE, DESCRIBE	
0	65	8	0	50	12		X										
			50	65	7		X							X			0.000"

Condition of casing: ☒ Good ☐ Fair ☐ Poor

Existing Annular Material (to the best of your knowledge)												
DEPTH FROM SURFACE		ANNULAR MATERIAL TYPE (X)							FILTER PACK			
FROM (feet)	TO (feet)	NONE	CONCRETE	NEAT CEMENT OR CEMENT GROUT	CEMENT-BENTONITE GROUT	BENTONITE			IF OTHER TYPE OF ANNULAR MATERIAL, DESCRIBE	SAND	GRAVEL	SIZE
						GROUT	CHIPS	PELLETS				
0	10				X							
10	20							X				
20	65									X		10x20

SECTION 5. ACTUAL WELL ABANDONMENT DESIGN (attach additional page if needed)

Refer to ADWR's Well Abandonment Handbook for additional information.

DEPTH TO WATER

Feet Below Land Surface

DATE ABANDONMENT COMPLETED

5/31/12

Casing Treatment						Sealing or Fill Material											
DEPTH FROM SURFACE		TREATMENT TYPE (X)				DEPTH FROM SURFACE		MATERIAL TYPE (X)							MIXING RATIO by (check one) <input type="checkbox"/> Weight <input type="checkbox"/> Volume	VOLUME OF MATERIAL USED (cubic feet)	
FROM (feet)	TO (feet)	SONAR JET	BRUSH OR SCRAPE	MILLS KNIFE	CASING REMOVAL (explain in Remarks)	IF OTHER TYPE, DESCRIBE OR IF CASING WAS PERFORATED, DESCRIBE SPACING AND SIZE OF PERFORATIONS THAT WERE ADDED	FROM (feet)	TO (feet)	NEAT CEMENT	CONCRETE	CEMENT-BENTONITE GROUT	SAND-BENTONITE GROUT	GROUT	CHIPS			PELLETS
None							0	65	X								

Actual Abandonment Method (See Well Abandonment Handbook)				Emplacement Method of Sealing or Fill Material	
CHECK ONE				CHECK ONE	
<input type="checkbox"/> Standard Method	<input type="checkbox"/> Alternative 4:	<input type="checkbox"/> Other (please specify)		<input type="checkbox"/> Gravity	
<input type="checkbox"/> Alternative 1	<input type="checkbox"/> Variance Option			<input type="checkbox"/> Pressure Grouting	
<input type="checkbox"/> Alternative 2	<input type="checkbox"/> Alternative 5:			<input checked="" type="checkbox"/> Tremie Pumped	
<input checked="" type="checkbox"/> Alternative 3	<input type="checkbox"/> Variance Option 1			<input type="checkbox"/> Other (please specify)	
	<input type="checkbox"/> Variance Option 2				

REMARKS

I state that this notice is filed in compliance with A.R.S. § 45-594 and A.A.C. R12-15-816 and is complete and correct to the best of my knowledge and belief.

TYPE OR PRINT NAME AND TITLE

SIGNATURE OF QUALIFYING PARTY

DATE

Greg Jones, Vice President

Seal/Abandonment for Greg Jones

5/31/12



Arizona Department of Water Resources
Water Management Division
P.O. Box 36020 Phoenix, Arizona 85067-6020
(602) 771-8500 • www.azwater.gov

Notice of Intent to
Abandon a Well

FEE
\$150.00

MAY 21 2012

- ❖ Review instructions and the Well Abandonment Handbook prior to completing form with black or blue ink.
 - ❖ You must include with your Notice:
 - Well construction diagram showing all existing well construction features listed in Section 5 and the proposed abandonment specifications listed in Section 6.
 - ❖ Authority for fee: A.R.S. §45-113 and A.A.C. R12-15-104
- ** PLEASE PRINT CLEARLY ****

RECEIVED		DATE	WS
5/21/12			
ISSUED		DATE	WQARF CERCCLA
5/22/12			LU

FILE NUMBER
C/2-2/26BBB
WELL REGISTRATION NUMBER
55 - 211693

SECTION 1: REGISTRY INFORMATION	
Well Type CHECK ONE <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Monitor / Piezometer <input type="checkbox"/> Stock <input type="checkbox"/> Geotechnical <input type="checkbox"/> Irrigation <input type="checkbox"/> Mineral Exploration <input type="checkbox"/> Municipal <input type="checkbox"/> Other (please specify):	Location of Well WELL LOCATION ADDRESS (IF ANY) SEC Chandler Heights Blvd & Rainbow Valley Rd. TOWNSHIP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE 2 S 2 W 26 NW 1/4 NW 1/4 NW 1/4 COUNTY ASSESSOR'S PARCEL ID NUMBER COUNTY WHERE WELL IS LOCATED BOOK MAP PARCEL LATITUDE LONGITUDE Degrees Minutes Seconds "N Degrees Minutes Seconds "W METHOD OF LATITUDE/LONGITUDE (CHECK ONE) <input type="checkbox"/> *GPS: Hand-Held <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Conventional Survey <input type="checkbox"/> *GPS: Survey-Grade *IF GPS WAS USED, GEOGRAPHIC COORDINATE DATUM (CHECK ONE) <input type="checkbox"/> NAD-83 <input type="checkbox"/> Other (please specify):
ORIGINAL WELL OWNER (IF KNOWN) Special AZ Properties-I, LLC	
ORIGINAL WELL DRILLING FIRM (IF KNOWN) Geomechanics Southwest, Inc.	DRILL DATE (IF KNOWN) 04/07/05

SECTION 2: OWNER INFORMATION	
Well Owner FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL ADEQ MAILING ADDRESS 1110 W. Washington St. CITY / STATE / ZIP CODE Phoenix, AZ 85007 CONTACT PERSON NAME AND TITLE Samar Bhuyan, Project Director TELEPHONE NUMBER 602-771-4252 FAX 602-771-4346	Landowner (if different from Well Owner) FULL NAME OF COMPANY, GOVERNMENT AGENCY, OR INDIVIDUAL Special AZ Properties-I, LLC MAILING ADDRESS 5090 N. 40th St. CITY / STATE / ZIP CODE Phoenix, AZ 85018 CONTACT PERSON NAME AND TITLE Peter Teiche, Project Manager TELEPHONE NUMBER 602-468-0800 FAX

SECTION 3: ABANDONMENT AUTHORIZATION	
Drilling Firm NAME Geomechanics Southwest, Inc. DWR LICENSE NUMBER 498 TELEPHONE NUMBER 602-252-0559, EX 202 ROC LICENSE CATEGORY A-04 FAX 602-252-0721	Consultant (if applicable) CONSULTING FIRM Brown & Caldwell CONTACT PERSON NAME Randy Bauer TELEPHONE NUMBER 602-567-3860 FAX 602-567-4001 E-MAIL ADDRESS rbauer@brwnncald.com

SECTION 4: QUESTIONS			
Questions	Yes	No	If Yes:
1. To your knowledge, is there any information that exists which indicates that the water in this well has been, may be, or is contaminated?	X		EXPLAIN (ATTACH ADDITIONAL PAGE IF NECESSARY) WQARF area
2. Is there another well name or identification number associated with this well? (e.g., Lot 3 Well, MW-1, etc.)	X		PLEASE STATE TW-2
3. Was the well casing video logged?		X	
4. Why is the well being abandoned?	Well no longer needed.		

Notice of Intent to Abandon a Well

Provide a well construction diagram showing all existing well construction features listed in Section 5 and the proposed abandonment specifications listed in Section 6.

WELL REGISTRATION NUMBER

55 - 211693

Existing Borehole			Existing Casing (to the best of your knowledge)													
DEPTH FROM SURFACE		BOREHOLE DIAMETER (inches)	DEPTH FROM SURFACE		OUTER DIAMETER (inches)	MATERIAL TYPE (T)				PERFORATION TYPE (T)				SLOT SIZE IF ANY (inches)		
FROM (feet)	TO (feet)		FROM (feet)	TO (feet)		STEEL	PVC	ABS	IF OTHER TYPE, DESCRIBE	BLANK OR NONE	WIRE WRAP	SHUTTER SCREEN	MILLS KNIFE		SLOTTED	IF OTHER TYPE, DESCRIBE
0	65	8	0	50	2		X									
			50	65	2		X						X			0.020"

Condition of casing: ☒ Good ☐ Fair ☐ Poor

Existing Annular Material (to the best of your knowledge)												
DEPTH FROM SURFACE		ANNULAR MATERIAL TYPE (T)								FILTER PACK		
FROM (feet)	TO (feet)	NONE	CONCRETE	NEAT CEMENT OR CEMENT GROUT	CEMENT-BENTONITE GROUT	BENTONITE			IF OTHER TYPE OF ANNULAR MATERIAL, DESCRIBE	SAND	GRAVEL	SIZE
						GROUT	CHIPS	PELLETS				
0	18			X								
18	20							X				
20	65									X		10x20

SECTION 6: PROPOSED WELL ABANDONMENT DESIGN (attach additional page if needed)										DATE ABANDONMENT IS TO BEGIN
Refer to ADWR's Well Abandonment Handbook for additional information.										

Casing Treatment						Sealing or Fill Material													
DEPTH FROM SURFACE		TREATMENT TYPE (T)				DEPTH FROM SURFACE		MATERIAL TYPE (T)								MIXING RATIO by (check one) <input type="checkbox"/> Weight <input type="checkbox"/> Volume	ESTIMATED VOLUME OF MATERIAL (cubic feet)		
FROM (feet)	TO (feet)	SONAR JET	BRUSH OR SCRAPE	MILLS KNIFE	CASING REMOVAL (explain in Remarks)	IF OTHER TYPE, DESCRIBE OR IF CASING IS TO BE PERFORATED, DESCRIBE SPACING AND SIZE OF PERFORATIONS TO BE ADDED	FROM (feet)	TO (feet)	NEAT CEMENT	CONCRETE	SAND-CEMENT GROUT	CEMENT-BENTONITE GROUT	SAND-BENTONITE GROUT	HIGH SOLIDS BENTONITE	GROUT			CHIPS	PELLETS
none							0	65	X										

Proposed Abandonment Method (See Well Abandonment Handbook)				Emplacement Method of Sealing or Fill Material			
CHECK ONE				CHECK ONE			
<input type="checkbox"/> Standard Method	<input type="checkbox"/> Alternative 4:	<input type="checkbox"/> Other (please specify):		<input type="checkbox"/> Gravity			
<input type="checkbox"/> Alternative 1	<input type="checkbox"/> Variance Option *			<input type="checkbox"/> Pressure Grouting			
<input type="checkbox"/> Alternative 2	<input type="checkbox"/> Alternative 5:			<input checked="" type="checkbox"/> Tremie Pumped			
<input checked="" type="checkbox"/> Alternative 3	<input type="checkbox"/> Variance Option 1*	* requires a letter requesting a variance		<input type="checkbox"/> Other (please specify):			
	<input type="checkbox"/> Variance Option 2*						

REMARKS

I state that this notice is filed in compliance with A.R.S. § 45-594 and A.A.C. R12-15-816 and is complete and correct to the best of my knowledge and belief.

TYPE OR PRINT NAME AND TITLE
Samar Bhuyan, Project Director

TYPE OR PRINT NAME AND TITLE
Peter Teiche, Project Manager

SIGNATURE OF WELL OWNER

SIGNATURE OF LANDOWNER, IF APPLICABLE (SEE INSTRUCTIONS)

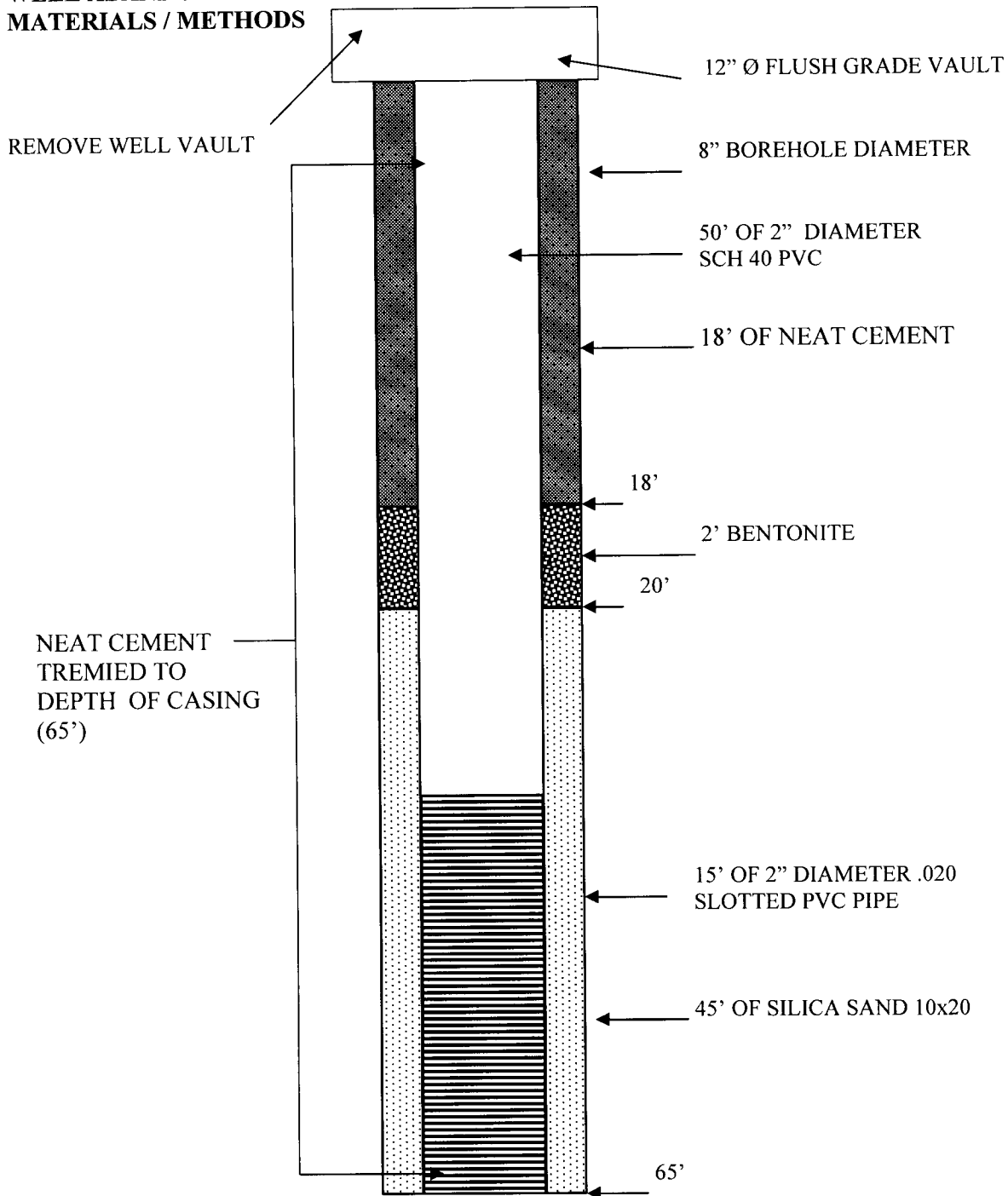
DATE 5/17/2012

DATE 5/18/12

WELL ABANDONMENT DIAGRAM

WELL ABANDONMENT MATERIALS / METHODS

EXISTING WELL CONSTRUCTION



WELL OWNER: ADEQ (55-211693) TW-2

DRILLER: Geomechanics Southwest, Inc. (Lic. #498)

Arizona Department of Water Resources

3550 N Central Ave.
Phoenix AZ 85012

Customer:

GEOMECHANICS SOUTHWEST, INC.
5435 W. MOHAVE ST.
PHOENIX, AZ 85043

Receipt #: 12-22787
Office: MAIN OFFICE
Receipt Date: 05/21/2012
Sale Type: IN_PERSON
Cashier: WRSYM

Item No.	Index	AOBJ	Description	Ref ID	Qty	Unit Price	Ext Price
67487	15245	4439-TT	Notice of intention to abandon a well	211693	1	150.00	150.00
RECEIPT TOTAL:							150.00

Payment type: CHECK

Amount Paid: \$150.00

Payment Received Date: 05/21/2012

Notes: FROM TTA.

Check #	11320
---------	-------

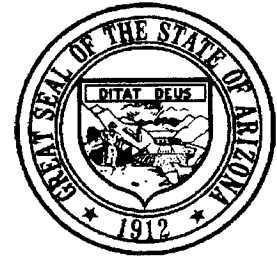
ARIZONA DEPARTMENT OF WATER RESOURCES

3550 N. Central Avenue, Phoenix, Arizona 85012

Telephone (602) 771-8500

Fax (602) 771-8691

May 21, 2012



JANICE K. BREWER
Governor

SANDRA A. FABRITZ-WHITNEY
Director

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
1110 W WASHINGTON STREET
ATTN: SAMAR BHUYAN, STATE LEAD UNIT
PHOENIX, AZ 85007

Registration No. 55-211693
File No. C(2-2) 26 BBB

Dear Applicant:

Enclosed is a copy of the Notice of Intent (NOI) to Abandon a Well. This NOI, which was recently filed with this Department is being returned to you as evidence of your compliance with ARS § 45-594; R12-15-816. The enclosed Well Owners Notification of Abandonment is to be submitted when the well has been properly abandoned. The well abandonment card and Abandonment Completion Report forms have been sent to your driller. He may not begin abandonment until he has received the well abandonment card. If you change drillers, you must supply this Department with the new driller's identity. Well abandonments shall be performed only by a licensed well drilling contractor or single well licensee.

ARS §45-594; R12-15-816(K) requires the registered well owner to submit a Well Owners Notification of Abandonment form within thirty (30) days after the abandonment of the well. It also requires the driller to furnish this Department a complete and accurate Well Abandonment Report within thirty (30) days after completion of abandonment. You should insist, and ensure, that both of these are done.

Sincerely,

A handwritten signature in dark ink, appearing to read "David Christiana".

David Christiana
NOI Unit
Water Management Support Section

Enclosures

**ARIZONA DEPARTMENT OF WATER RESOURCES
WATER MANAGEMENT SUPPORT SECTION**

3550 N. Central Avenue
Phoenix, Arizona 85012

ABANDON

Notice! This well is located in or near an area of groundwater contamination (WQARF/CERCLA/DOD or Other). Be advised that special requirements may apply. Please refer to the attached letter(s) to the well owner for details.

THIS AUTHORIZATION SHALL BE IN POSSESSION OF THE DRILLER DURING ALL DRILL OPERATIONS

WELL REGISTRATION NO: 55-211693

7-1-2

AUTHORIZED DRILLER: GEOMECHANICS SOUTHWEST, INC.

LICENSE NO: 498

NOTICE OF INTENTION TO ABANDON A MONITOR WELL(S) HAS BEEN FILED WITH THE DEPARTMENT BY:

**WELL OWNER: ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY 1110 W WASHINGTON STREET ATTN: SAMAR BHUYAN, STATE LEAD UNIT PHOENIX, AZ 85007
THE WELL(S) IS/ARE TO BE LOCATED IN THE:**

NW 1/4 OF THE NW 1/4 OF THE NW 1/4 SECTION 26 TOWNSHIP 2 SOUTH RANGE 2 WEST

NO. OF WELLS IN THIS PROJECT: 1 ASSESSOR PARCEL NO: 400-64-015A

THIS AUTHORIZATION EXPIRES AT MIDNIGHT ON THE DAY OF


March 1, 2000

WATER MANAGEMENT SUPPORT

**THE DRILLER MUST FILE A WELL ABANDONMENT
COMPLETION REPORT WITHIN 30 DAYS OF ABANDONMENT**



ILLEGAL WELL

 <p>Arizona Department of Water Resources Water Management Support Section P.O. Box 458 • Phoenix, Arizona 85001-0458 (602) 771-8500 • (800) 352-8488 www.azwater.gov</p>	<p align="center">Notice of Intent to Drill, Deepen, or Modify a Monitor / Piezometer / Environmental Well</p> <p align="right">FEE</p>		
<p>❖ Review instructions prior to completing form in black or blue ink. ❖ You <u>must</u> include with your Notice: • \$150 check or money order for the filing fee. • Well construction diagram, labeling all specifications listed in Section B. ❖ Authority for fee: A.R.S. § 45-536.</p> <p align="right">MAR 15 2006</p>			
<p align="center">** PLEASE PRINT CLEARLY **</p>			
<p align="center">SECTION 1: REGISTRY INFORMATION</p>			
<p>Well Type CHECK ONE <input checked="" type="checkbox"/> Monitor <input type="checkbox"/> Piezometer <input type="checkbox"/> Vadose Zone <input type="checkbox"/> Air Sparging <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Other (please specify):</p>	<p>Proposed Action CHECK ONE <input checked="" type="checkbox"/> Drill New Well <input type="checkbox"/> Deepen <input type="checkbox"/> Modify If Deepening or Modifying: WELL REGISTRATION NUMBER 55 -</p>	<p>Location of Well WELL LOCATION ADDRESS (IF ANY) <u>SEC of Chandler Heights & Rainbow Valley Roads</u> TOWNSHIP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE <u>2S</u> <u>2W</u> <u>26</u> <u>NW ¼</u> <u>NW ¼</u> <u>NW ¼</u> COUNTY ASSESSOR'S PARCEL ID NUMBER BOOK <u>400</u> MAP <u>64</u> PARCEL <u>015A</u> COUNTY WHERE WELL IS LOCATED <u>Maricopa</u></p>	
<p align="center">SECTION 2: OWNER INFORMATION</p>			
<p>Well Owner FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL <u>NRP-III ESTRELLA MOUNTAIN RANCH, LLC</u> MAILING ADDRESS <u>3010 E. Camelback Rd., Ste. 100</u> CITY / STATE / ZIP CODE <u>PHOENIX, AZ 85016</u> CONTACT PERSON NAME AND TITLE <u>PHILIP LUNA, Asst. Vice President</u> TELEPHONE NUMBER <u>602-468-0800</u> FAX <u>602-468-1633</u></p>		<p>Landowner (if different from Well Owner) FULL NAME OF COMPANY, GOVERNMENT AGENCY, OR INDIVIDUAL <u>Goodyear ESP, LLC</u> MAILING ADDRESS <u>8601 N. Scottsdale Rd., Ste. 238</u> CITY / STATE / ZIP CODE <u>SCOTTSDALE, AZ 85253</u> CONTACT PERSON NAME AND TITLE <u>TODD TUPPER</u> TELEPHONE NUMBER FAX</p>	
<p align="center">SECTION 3: DRILLING AUTHORIZATION</p>			
<p>Drilling Firm NAME <u>Geomechanics Southwest Inc.</u> DWR LICENSE NUMBER <u>498</u> ROC LICENSE CATEGORY <u>A-04</u> TELEPHONE NUMBER <u>602-252-0559</u> FAX <u>602-252-0721</u> E-MAIL ADDRESS <u>jsjones@msn.com</u></p>		<p>Consultant (if applicable) CONSULTING FIRM <u>Terracon Consultants, Inc.</u> CONTACT PERSON NAME <u>David Matson</u> TELEPHONE NUMBER <u>480-897-8200</u> FAX <u>480-897-1133</u> E-MAIL ADDRESS <u>dmatson@terracon.com</u></p>	
<p align="center">SECTION 4: QUESTIONS</p>			
<p>Questions</p>	<p>Yes</p>	<p>No</p>	<p>Explanation:</p>
1. Are all annular spaces between the casing(s) and the borehole for the placement of grout at least 2 inches?	X		2-inch annular spaces are special standards required for wells located in and near groundwater contamination sites (such as CERCLA, WQARF, DOD, LUST).
2. Is the screened or perforated interval of casing greater than 100 feet in length?		X	100-foot maximum screen intervals are a special standard for wells located in and near groundwater contamination sites (such as CERCLA, WQARF, DOD, LUST).
3. Are you requesting a variance to use thermoplastic casing in lieu of steel casing in the surface seal?	X		The wells must be constructed in a vault as defined in A.A.C. R12-15-801(27).
4. Is there another well name or identification number associated with this well? (e.g., MW-1, PZ2, 06-04, etc.)	X		IF YES, PLEASE STATE <u>TW-2</u>
5. Have construction plans been coordinated with the Arizona Department of Environmental Quality?		X	IF YES, PLEASE STATE AGENCY CONTACT & PHONE NUMBER
6. For monitor wells, is dedicated pump equipment to be installed?		X	IF YES, PLEASE STATE DESIGN PUMP CAPACITY Gallons per Minute
7. Is this well a new well located in an Active Management Area AND intended to pump water for the purpose of remediating groundwater?		X	IF YES, UNLESS THE WELL IS A REPLACEMENT WELL AND THE TOTAL NUMBER OF OPERABLE WELLS ON THE SITE IS NOT INCREASING, YOU MUST ALSO FILE A SUPPLEMENTAL FORM A.R.S. § 45-484(C) & (F). (See Instructions)
8. Will the well registration number be stamped on the vault cover or on the upper part of the casing?	X		IF NO, WHERE WILL THE REGISTRATION NUMBER BE PLACED?

ILLEGAL WELL

Notice of Intent to Drill, Deepen, or Modify a Monitor / Piezometer / Environmental Well

MAR 27 2006

WELL REGISTRATION NUMBER

55 -

SECTION 5: WELL CONSTRUCTION DETAILS		
Drill Method CHECK ONE <input type="checkbox"/> Air Rotary <input checked="" type="checkbox"/> Bored or Augered <input type="checkbox"/> Cable Tool <input type="checkbox"/> Dual Rotary <input type="checkbox"/> Mud Rotary <input type="checkbox"/> Reverse Circulation <input type="checkbox"/> Driven <input type="checkbox"/> Jetted <input type="checkbox"/> Air Percussion / Odex Tubing <input type="checkbox"/> Other (please specify): 4-7-05 DATE CONSTRUCTION TO BEGIN	Method of Well Development CHECK ONE <input type="checkbox"/> Airlift <input checked="" type="checkbox"/> Ball <input type="checkbox"/> Surge Block <input type="checkbox"/> Surge Pump <input type="checkbox"/> Other (please specify): Method of Sealing at Reduction Points CHECK ONE <input type="checkbox"/> None <input type="checkbox"/> Welded <input type="checkbox"/> Swedged <input type="checkbox"/> Packed <input type="checkbox"/> Other (please specify): N/A	Grout Emplacement Method CHECK ONE <input checked="" type="checkbox"/> Gravity <input type="checkbox"/> Pressure Grout <input checked="" type="checkbox"/> Tremie <input type="checkbox"/> Other (please specify): Surface or Conductor Casing CHECK ONE <input checked="" type="checkbox"/> Flush Mount in a vault <input type="checkbox"/> Extend 1' above grade

SECTION 6: PROPOSED WELL CONSTRUCTION PLAN (attach additional page if needed)

Attach a well construction diagram labeling all specifications below.

Borehole			Casing													
DEPTH FROM SURFACE		BOREHOLE DIAMETER (inches)	DEPTH FROM SURFACE		OUTER DIAMETER (inches)	MATERIAL TYPE (T)				PERFORATION TYPE (T)					SLOT SIZE IF ANY (inches)	
FROM (feet)	TO (feet)		FROM (feet)	TO (feet)		STEEL	PVC	ABS	IF OTHER TYPE, DESCRIBE	BLANK OR NONE	WIRE WRAP	SHUTTER SCREEN	MILLS KNIFE	SLOTTED		IF OTHER TYPE, DESCRIBE
0	65	8	0	50	2"		X									
			50	65	2"		X							X		0.020

Annular Material												
DEPTH FROM SURFACE		ANNULAR MATERIAL TYPE (T)							FILTER PACK			
FROM (feet)	TO (feet)	NONE	CONCRETE	NEAT CEMENT OR CEMENT GROUT	CEMENT-BENTONITE GROUT	BENTONITE			IF OTHER TYPE OF ANNULAR MATERIAL, DESCRIBE	SAND	GRAVEL	SIZE
						GROUT	CHIPS	PELLETS				
0	18			X								
18	20							X				
20	65									X		5/16" 10x20

IF THIS WELL HAS NESTED CASINGS, SPECIFY NUMBER OF CASING STRINGS	EXPECTED DEPTH TO WATER	Feet Below Ground Surface
---	-------------------------	---------------------------

I state that this notice is filed in compliance with A.R.S. § 45-596 and is complete and correct to the best of my knowledge and belief.	
TYPE OR PRINT NAME AND TITLE William Pennington, ASST. VP	SIGNATURE OF WELL OWNER <i>[Signature]</i> DATE 3-7-06
TYPE OR PRINT NAME AND TITLE STEPHEN E. RENNECKAR, MANAGER	SIGNATURE OF LANDOWNER, IF APPLICABLE (SEE INSTRUCTIONS) DATE <i>[Signature]</i>

Pejman Eshraghi, P.E.
Principal Engineer

**BROWN AND
CALDWELL**

201 East Washington Street
Suite 500
Phoenix, AZ 85004
Tel: (602) 567-3823
Fax: (602) 567-4001
peshraghi@brwnald.com

Environmental Engineers & Consultants

Inc.
tion"

MAR 27 2006

ADWR Lic. No. 498
AROC Lic. No. 079441, Class. A-04

ILLEGAL WELL

Ms. Shannon Reif
Arizona Department of Water Resources
3550 N. Central Ave., 2nd Floor
Phoenix, Arizona, 85012

RE: Request for Variance – Monitor Well(s)
NNPIII Estrella Mtn Ranch, LLC – T2S, R2W, Sec 26 NW of the NW of the NW

Dear Ms. Reif:

Geomechanics Southwest, Inc. request variances for the construction of two (2) Monitor Well(s) at the above referenced site. All other construction practices will be in accordance with ADWR standards. The variances are as follows:

- The grout surface seal will be reduced to 18-feet below grade due to fluctuating shallow groundwater. (R12-15-811.B.1)

The Consultant that will be conducting the work is:

Terracon Consultants, Inc.
4685 S. Ash Ave., Suite H-4
Tempe, AZ 85282
Mr. David Matson
480-897-8200

If you have any questions, please call Dave Matson or myself. Thank you.

Sincerely,


Geomechanics Southwest, Inc.

Sandra Monroe for Greg Jones

Greg G. Jones
Operations Manager / Phoenix
TC1032406
GGJ/sm

ILLEGAL WELL

MAR 27 2006

 Arizona Department of Water Resources Water Management Support Section P.O. Box 458 • Phoenix, Arizona 85001-0458 (602) 771-8500 • (800) 352-8488 www.azwater.gov	MAR 27 2006	Notice of Intent to Drill, Deepen, or Modify a Monitor / Piezometer / Environmental Well	FEE

- Review Instructions prior to completing form in black or blue ink.
 - You must include with your Notice:
 - \$150 check or money order for the filing fee.
 - Well construction diagram, labeling all specifications listed in Section 8.
 - Authority for fee: A.R.S. § 45-596.
- MAR 15 2006

AMA / INA	8	58	FILE NUMBER
RECEIVED	DATE	WIS	WELL REGISTRATION NUMBER
ISSUED	DATE	WQAR	55 -

** PLEASE PRINT CLEARLY **

SECTION 1: REGISTRY INFORMATION			
Well Type CHECK ONE <input checked="" type="checkbox"/> Monitor <input type="checkbox"/> Piezometer <input type="checkbox"/> Vadose Zone <input type="checkbox"/> Air Sparging <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Other (please specify):	Proposed Action CHECK ONE <input checked="" type="checkbox"/> Drill New Well <input type="checkbox"/> Deepen <input type="checkbox"/> Modify If Deepening or Modifying: WELL REGISTRATION NUMBER 55 -	Location of Well WELL LOCATION ADDRESS (IF ANY) SEC of Chandler Heights & Rainbow Valley Roads TOWNSHIP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE 2S 2W 26 NW 1/4 NW 1/4 NW 1/4 COUNTY ASSESSOR'S PARCEL ID NUMBER BOOK 400 MAP 64 PARCEL 015A COUNTY WHERE WELL IS LOCATED Maricopa	

SECTION 2: OWNER INFORMATION	
Well Owner FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL NNP-III ESTRELLA MONTANA RANCH, LLC MAILING ADDRESS 3010 E. Camelback Rd., Ste. 100 CITY / STATE / ZIP CODE PHOENIX, AZ 85016 CONTACT PERSON NAME AND TITLE PHILLIP LUNA, AGT. VICE PRESIDENT TELEPHONE NUMBER 602-468-0800 FAX 602-468-1633	Landowner (if different from Well Owner) FULL NAME OF COMPANY, GOVERNMENT AGENCY, OR INDIVIDUAL GOODPASTER BSR, LLC MAILING ADDRESS 8601 N. SCOTTSDALE RD., Ste. 238 CITY / STATE / ZIP CODE SCOTTSDALE, AZ 85253 CONTACT PERSON NAME AND TITLE TODD TRUPPER TELEPHONE NUMBER FAX

SECTION 3: DRILLING AUTHORIZATION	
Drilling Firm NAME Geomechanics Southwest Inc. DWR LICENSE NUMBER 498 ROC LICENSE CATEGORY A-04 TELEPHONE NUMBER 602-252-0559 FAX 602-252-0721 E-MAIL ADDRESS jsljones@msri.com	Consultant (if applicable) CONSULTING FIRM Terracon Consultants, Inc. CONTACT PERSON NAME David Matson TELEPHONE NUMBER 480-897-8200 FAX 480-897-1133 E-MAIL ADDRESS dmatson@terracon.com

SECTION 4: QUESTIONS			
Questions	Yes	No	Explanation:
1. Are all annular spaces between the casing(s) and the borehole for the placement of grout at least 2 inches?	X		2-inch annular spaces are special standards required for wells located in and near groundwater contamination sites (such as CERCLA, WQARF, DOD, LUST).
2. Is the screened or perforated interval of casing greater than 100 feet in length?		X	100-foot maximum screen intervals are a special standard for wells located in and near groundwater contamination sites (such as CERCLA, WQARF, DOD, LUST).
3. Are you requesting a variance to use thermoplastic casing in lieu of steel casing in the surface seal?	X		The wells must be constructed in a vault as defined in A.A.C. R12-15-801(27).
4. Is there another well name or identification number associated with this well? (e.g., MW-1, PZ2, O6-04, etc.)	X		IF YES, PLEASE STATE TW-2
5. Have construction plans been coordinated with the Arizona Department of Environmental Quality?		X	IF YES, PLEASE STATE AGENCY CONTACT & PHONE NUMBER

Invoice Number
 Invoice Date
 Office:
 Chargeable: Yes ☒ No
 Job No. 6555-7251
 Description: Well Permits

Terracon
 16000 College Boulevard
 Lenexa, Kansas 66219

DATE

3/23/06

0160124

PAY TO THE ORDER OF

ADWR

Three hundred and 00/100

DOLLARS \$ 300.00

NOT GOOD FOR MORE THAN \$500.00



Arizona Department of Water Resources
Information Management Unit
P.O. Box 458 • Phoenix, Arizona 85001-0458
(602) 771-8627 • (800) 352-8488
www.azwater.gov

Well Driller Report
and
Well Log

MAR 27 2006

THIS REPORT MUST BE FILED WITHIN 30 DAYS OF COMPLETING THE WELL.

PLEASE PRINT CLEARLY USING BLACK OR BLUE INK. **ILLEGAL WELL**

FILE NUMBER

WELL REGISTRATION NUMBER

55-211693

PERMIT NUMBER (IF ISSUED)

SECTION 1. DRILLING AUTHORIZATION

Drilling Firm

NAME Geomechanics Southwest, Inc.	DWR LICENSE NUMBER 498
ADDRESS 1212 S. 9th St.	TELEPHONE NUMBER 602-252-0559
CITY / STATE / ZIP Phoenix, AZ 85034	FAX 602-252-0721

SECTION 2. REGISTRY INFORMATION

Well Owner

FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL
NNPIII Estrella Mountain Ranch, LLC

MAILING ADDRESS

3010 E. Camelback Rd., Ste. 100

CITY / STATE / ZIP CODE

Phoenix, AZ 85016

CONTACT PERSON NAME AND TITLE

Phillip Luna, Asst. Vice President

TELEPHONE NUMBER

602-468-0800

FAX

602-468-1633

WELL NAME (e.g., MW-1, PZ-3, Lot 25 Well, Smith Well, etc.)

TW-2

Location of Well

WELL LOCATION ADDRESS (IF ANY)

SEC Chandler Heights Blvd & Rainbow Valley Rd

TOWNSHIP (N/S) 2 S	RANGE (E/W) 2 W	SECTION 26	160 ACRE NW 1/4	40 ACRE NW 1/4	10 ACRE NW 1/4
--------------------------	-----------------------	---------------	--------------------	-------------------	-------------------

LATITUDE

Degrees Minutes Seconds "N

LONGITUDE

Degrees Minutes Seconds "W

METHOD OF LATITUDE/LONGITUDE (CHECK ONE)

☐ USGS Quad Map ☐ Conventional Survey ☐ *GPS: Hand-Held ☐ *GPS: Survey-Grade

LAND SURFACE ELEVATION AT WELL

Feet Above Sea Level

METHOD OF ELEVATION (CHECK ONE)

☐ USGS Quad Map ☐ Conventional Survey ☐ *GPS: Hand-Held ☐ *GPS: Survey-Grade

***IF GPS WAS USED, GEOGRAPHIC COORDINATE DATUM (CHECK ONE)**

☐ NAD-83 ☐ Other (please specify):

COUNTY

Maricopa

ASSESSOR'S PARCEL ID NUMBER

BOOK 400	MAP 64	PARCEL 015A
-------------	-----------	----------------

SECTION 3. WELL CONSTRUCTION DETAILS

Drill Method

CHECK ALL THAT APPLY

- ☐ Air Rotary
☒ Bored or Augered
☐ Cable Tool
☐ Dual Rotary
☐ Mud Rotary
☐ Reverse Circulation
☐ Driven
☐ Jetted
☐ Air Percussion / Odex Tubing
☐ Other (please specify):

Method of Well Development

CHECK ALL THAT APPLY

- ☐ Airlift
☐ Bail
☐ Surge Block
☐ Surge Pump
☐ Other (please specify):
N/A

Condition of Well

CHECK ONE

- ☐ Capped
☐ Pump Installed
N/A

Method of Sealing at Reduction Points

CHECK ONE

- ☐ None
☐ Packed
☐ Swedged
☐ Welded
☐ Other (please specify):
N/A

Construction Dates

DATE WELL CONSTRUCTION STARTED

04/07/05

DATE WELL CONSTRUCTION COMPLETED

03/20/06

I state that this notice is filed in compliance with A.R.S. § 45-596 and is complete and correct to the best of my knowledge and belief.

SIGNATURE OF QUALIFYING PARTY

DATE

03/24/06

ILLEGAL WELL

MAR 27 2006

WELL REGISTRATION NUMBER

55-211693

Depth

65'

Feet Below Land Surface

65'

Feet Below Land Surface

STATIC WATER LEVEL

60'

Feet Below Land Surface

DATE MEASURED

TIME MEASURED

IF FLOWING WELL, METHOD OF FLOW REGULATION

☐ Valve☐ Other:

N/A

*NOTE: GSI did not encounter GW on 04/07/05.

[illegible]

Well Driller Report and Well Log

55- 211693

[illegible]

ILLEGAL WELL

Well Driller Report and Well Log

TW-2

WELL REGISTRATION NUMBER
55 - 211693

SECTION 6. WELL SITE PLAN

NAME OF WELL OWNER NNPIII Estrella Mountain Ranch, LLC	COUNTY ASSESSOR'S PARCEL ID NUMBER BOOK 400 MAP 64 PARCEL 015A
---	---

- ❖ Please draw the following: (1) the boundaries of property on which the well was located; (2) the well location; (3) the locations of all septic tank systems and sewer systems on the property or within 100 feet of the well location, even if on neighboring properties; and (4) any permanent structures on the property that may aid in locating the well.
- ❖ Please indicate the distance between the well location and any septic tank system or sewer system.

